ASIA 12-49

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INITIAL ENVIRONMENTAL EXAMINATION
FACE SHEET

PROGRAM/ACTIVITY DATA:

Program/Activity No:	
Operational Plan Objective:	Investing in People
Program Area:	3.1. Health
Program Elements:	3.1.6 Maternal and Child Health, 3.1.7 Family Planning and Reproductive Health.
Country/Region:	Nepal/Asia and Near East Region
Funding begin:	FY 2012
Funding end:	FY 2017
LOP Amount:	$30 Million
Sub-Activity Amount:	
Prepared by:	Naramaya Limbu
Date:	August 31, 2011
IEE/CE Amendment:	No

ENVORINMENTAL ACTION RECOMMENDED: (Please "X" where applicable)

Categorical Exclusion: ___X___ Negative Determination with Condition: ___X___
Positive Determination: _____ Deferral: _____
Exception: _____

SUMMARY OF ACTIVITY AND RECOMMENDATION:

In accordance with the U.S. Government's (USG) vision for Nepal under the Foreign Assistance Framework for "Investing in People", the United States Agency for International Development (USAID)/Nepal will provide support through its new proposed bilateral project – Health for Life (H4L) - to strengthen the capacity of the Government of Nepal (GON) Ministry of Health and Population (MOHP) to improve the health of Nepalis through contributing to its overall goal "Survival and quality of life of Nepalis improved through equitable and well-governed health systems" particularly reaching to the poor and marginalized and will ensure achievement of GON's 2015 Millennium Development Goals (MGDs) for health. As a Global Health Initiative (GHI) priority country, H4L is aligned with Nepal's GHI Strategy to contribute significantly to help the GON to achieve its health sector goals in voluntary family planning and reproductive health (FP/RH) and maternal, neonatal and child health (MNCH).

H4L project embraces the following three GHI specific intermediate results related to the GHI principles that contribute to the goal of H4L. These focus areas include:

1. Increasing the Government of Nepal's ownership and capacity to govern, manage and improve decision-making in the health sector;
2. Building public, private and not-for-profit partnerships that integrate services and facilitate exchange of innovative approaches; and
3. Improving health care and opportunities for women, children, and marginalized populations in the context of extending services to all.

More specifically, USAID supported H4L project aims to achieve following purpose and outputs in contributing GON health sector goals:

Purpose of H4L project:

- Strengthen the GON capacity to plan, manage and deliver quality and equitable FP/MNCH services.

Outputs of the H4L:

1. Strengthened logistics system to ensure availability of key drugs, supplies and commodities at health facility and community levels.
2. Health system governance of the District Health Offices and sub-district level health facilities improved.
3. National evidence-based health policy developed and implemented.
4. National level stewardship of the health sector strengthened.
5. Improved national system for quality improvement institutionalized.
6. Capacity of district and local health workers and community volunteers to deliver quality FP/MNCH and nutrition services improved.
7. Knowledge, behavior and use of health services improved among target populations.

Implementation mechanism:
The H4L activity is in-line with USAID Forward principles through its focus on capacity building of host country systems as well as aspects of implementation and procurement reform such as funding local entities directly and providing direct support to the GON budget (called "Redbook" funding). H4L plan includes increasing in funding levels in the direct funding to the host government (Through Redbook mechanism) and channeling more funds to local entities for contract to local agencies for survey and logistic contracts. Hence to achieve its purpose, H4L will adopt following four implementation mechanisms:

1. Core program H4L contract - to be managed by the H4L awardee, an implementing partner, working closely with Department of Health Services (DOHS), MOHP;
2. Redbook support activity to be managed by DOHS, MOHP with technical assistance from H4L awardee;
3. Survey contract to Local agency; and
4. Logistic contract to local agency.

IEE RECOMMENDED OUTCOMES:

Pursuant to 22 CFR 216.3 (a) (2) (iii) the threshold decision of **Negative Determination with Conditions (NDC)** is recommended for Health for Life (H4L) – activity # 6 proposed under output 6.

Pursuant to 22 CFR 216.2(c) (2) (i), (ii), (viii) a **Categorical Exclusion (CE)** is recommended for H4L support – outputs1, 2, 3, 4, 5, 6 – activities 6.1, 6.2, 6.3, 6.4, and 6.5 and 7.

Components	Activities	Recommended Determination
Output 1: Strengthened logistics system to ensure availability of key drugs, supplies and commodities at health facility and	1.1. In collaboration with the Department of Health Services (DOHS) and Logistic Management Division (LMD) refine and finalize benchmarks for strengthening GON capacity for logistics management including training, supervision, and hiring of additional staff. 1.2. In collaboration with LMD, External Development Partners (EDPs) and USAID's Saath-Saath activity,	

community levels.	develop and operationalize the plans for integrating HIV commodities with other health and Expanded Program on Immunization (EPI) commodities. 1.3. Support policy development related to further decentralization of the web-based Logistic Management Information System (LMIS) and the pull distribution system (demand-based logistics distribution) to the facility level. 1.4. Assist the MOHP to monitor and respond to specific stock-out or other logistics management challenges.	CE
Output 2: Health system governance of the District Health Offices (DHOs) and sub-district level health facilities improved.	2.1. Work with the Local Health Governance Task Force at the national level to expand the Local Health Governance Strenthening Program (LHGSP) to 14 districts, including defining specific benchmarks determining progress in each pilot site for achieving the specific objectives of the national program. 2.2. Systematically analyze and feedback field experience within specific districts (Surkhet and Dang) to help capture lessons learned from the pilots for the purpose of supporting the MOHP to refine and modify its implementation policy. 2.3. Institutionalize best practices with Health Facility Operation Management Committees (HFOMCs) and/or other civil society organizations that respond to needs identified by communities especially to increase access for hard-to-reach populations. 2.4. Support the District Health offices (DHOs) and District Development Committees (DDCs) to plan for expansion of the HFOMCs throughout ten focus districts. 2.5. Help the MOHP highlight and publicize the accomplishments and contributions of the HFOMCs.	CE
Output 3: National evidence-based health policy developed and implemented.	3.1. Work with the Management Division in the DOHS to establish a structure for the annual regional program review meetings that encourages the better use of data and analyses at the district and regional levels to report on their progress. 3.2. Strengthen existing Health Management Information System (HMIS) to improve quality and timeliness of reporting and feedback through appropriate use of technology (e.g. use of GIS, tablet PCs, SMS based reporting and feedback will be funded by the project in the 14 pilot districts). This will be done in parallel with the Integrated Nutrition Program (INP) to ensure as broad a geographic coverage as possible and to ensure that lessons learned are institutionalized. 3.3. Use public health analytic tools to build data-use capacity among DHO managers in 14 districts to identify low performing village development committees (VDCs) and health facilities, and identify specific work plan to improve performance. 3.4. Establish networks and collaboration between GON, EDPs, academia, research institutes and other USAID health programs to identify research priorities for FP/MNCH/Nutrition sector in Nepal and to utilize	CE

	existing data/information to plan, monitor and evaluate health programs. 3.5. Strengthen capacity of Nepal Health Research Council to develop regularly updated national research priorities and technical expertise of Nepali institutions. 3.6. Support to monitor progress of Nepal Health Sector Programme-Implementation Plan II, establish new targets for the follow-on plan, and support policy development based on field experience. 3.7. Conduct the 2016 Nepal Demographic Health Suirvey and the 2012 and 2016 Service Provision Assessment (SPA) national surveys for Nepal.	
Output 4: National level stewardship of the health sector strengthened.	4.1. Work with senior staff of the MOHP and DOHS in collaboration with other EDPs to help conceptualize a practical policy framework within the MOPH for partnering with the private sector including contractual services, quality assurance, monitoring of service provision and reporting arrangements. 4.2. Work with senior leaders within the DOHS in to develop a set of benchmarks and a timetable for shifting an increasing proportion of USAID/Nepal annual resources under H4L to direct funding of programs in the MoHP annual budget (Redbook). 4.3. From Redbook resources, provide for technical assistance in financial management to the MoHP to improve the utilization and reporting of USAID/Nepal transfers. 4.4. Work closely with the Nepal Health Sector Support Program (NHSSP) and pooled donors to ensure that H4L efforts to improve financial management of Redbook resources are consistent with the financial management and accounting reforms being introduced through out the system.	CE
Output 5: Improved national system for quality improvement institutionalized.	5.1. Work with the Management Division on a step-by-step program to develop an enhanced national quality improvement program including the benchmarks needed to move from one stage to the next by Year Two of the project. Build on existing tools and experience. 5.2. Support and strengthen MOHP's capacity at the national level to update, institutionalize and support a quality improvement system including monitoring of technical and management functions. 5.3. Support piloting of a simple facility based quality improvement (QI) system (in collaboration with GIZ) in three districts to improve awareness about basic standards and the need for continuous monitoring and improvement. 5.4. Incorporate best practices into current MOHP supervision system for facility and community staff.	CE
Output 6: Capacity of district and local health workers and community volunteers	6.1. Conduct a mapping exercise with the nursing focal person in the MOHP to identify all key stakeholders including Centre for Technical Education and Vocational Training (CTEVT), the Nepal Nursing	

to deliver quality FP/MNCH and nutrition services improved.		Council, United Nations Population Fund (UNFPA), NHSSP, UNICEF, World Bank and others, and agree on a method for improving the pre-service curriculum for Axulliary Nurse Midwives (ANM) training and upgrading instructional skills.	CE
	6.2.	Work with Ministry of Education, MOHP, University and CTEVT to update the pre-service curriculum, improve teaching learning practices and establish standards and a more rigorous process for certification with benchmarks for moving forward.	
	6.3.	Work with DHOs in 14 core program districts on enhancing the skills of FCHVs in appropriate community based birth preparedness, newborn care and postpartum family planning counseling and services including implementation of community based newborn care package in 8 districts.	
	6.4.	Work with the DOHS to support the collection and dissemination of field-based evidence of best practice as a means to improve the quality and efficacy of MNCH and FP services. Continue to support the expansion of the misoprostol program for home births in 10 districts and the use of calcium supplementation to prevent pre-eclampsia and eclampsia if appropriate and feasible.	
	6.5.	As part of revitalizing Community Based- Integrated Management of Childhood Illness (CB-IMCI), strengthen selected essential nutrition actions (ENAs) in the FCHVs' program of work within communities, including exclusive breastfeeding for six months; adequate complementary feeding from about 6–24 months with continued breastfeeding for at least two years; appropriate nutritional care of sick and referral of severely malnourished children; adequate intake of vitamin A for women and children; and adequate intake of iron for women and children in 14 core program districts.	CE
	6.6.	Work with 10 DHOs on a system to apply the standards of care for obstetrical services at health posts and sub-health posts and strengthen the system of clinical supervision for ANMs and others providing delivery care and long-term FP methods at those facilities. Include strengthening the use of Active Management of Third Stage Labor (AMSTL), partographs, magniseum sulphate (MgSO4) for the management of pre-eclampsia and eclampsia, appropriate referrals, IUCD and implant insertions.	NDC
Output 7: Knowledge, behavior and use of health services improved among target populations.	7.1.	Work with 5 DHOs to commission a formative research and barrier analysis to identify context-specific issues for non-utilization of family planning services.	
	7.2.	Assist 14 DHO managers to use of personal, folk and mass media to promote messages regarding healthy timing and spacing of pregnancy (HTSP), Long Acting and Permanent Methods (LAPMs,) essential newborn care (ENC), care of sick child, ENAs and adolescent reproductive health.	

	7.3. Work with youth and community members to delay early marriage and improve access for adolescents of FP services in about 10 districts. 7.4. Use local media to raise awareness about the efforts of HFOMCs and encourage people to become more involved and link them to national media as appropriate. 7.5. Integrate FP MNCH messages into existing program and improving counseling skills among health workers (~500) and volunteers (~2500), including skills to reach adolescents and pre-adolescents. 7.6. Improve in-service counseling training for FCHVs (~2500) and health workers (~500) aimed at prenatal, natal and post-natal home visits. 7.7. Strengthen peer education and counseling aspects of the CB-IMCI and CB-NCP using Learning Circle techniques with Mothers Groups in 5 districts.	CE

REVISIONS:

As with all AID-funded projects, and pursuant to 22 CFR 216.3 (a) (9), if new information becomes available which indicates that any of the proposed actions to be funded under this activity might be "major" and their effects "significant", the threshold decision for those actions will be reviewed and revised by the Mission Environmental Officer and an environmental assessment prepared as appropriate.

APPROVAL OF RECOMMENDED ENVIRONMENTAL ACTIONS:

David C. Atteberry, Mission Director, USAID/Nepal:

Approved: _____ Date: 29 Feb 12

Disapproved: _____ Date: _____

APPROVAL:

Robert MacLeod, Bureau Environmental Officer:

Approved: Robert MacLeod Date: 3/8/12

Disapproved: _____ Date: _____

INITIAL ENVIRONMENTAL EXAMINATION

I. BACKGROUND AND ACTIVITY DESCRIPTION:

Health for Life (H4L) support program:

As per the U.S. Government's (USG) vision for Nepal under the Foreign Assistance Framework for "Investing in People", the United States Agency for International Development (USAID)/Nepal will provide support to strengthen the capacity of the Government of Nepal (GON) Ministry of Health and Population (MOHP) to improve the health of Nepalis through contributing to its overall goal "Survival and quality of life of Nepalis improved through equitable and well-governed health systems" particularly reaching to the poor and marginalized and will ensure achievement of GON's 2015 Millennium Development Goals (MGDs) 4 "Reduce Child Mortality" and 5 "Improve Maternal Health". USAID/Nepal's Office for Health and Family Planning (HFP), in consultation with the MoHP and other partners, is proposing the Health for Life (H4L), a $30 million program with the purpose to "strengthen the GON capacity to plan, manage and deliver quality and equitable FP/MNCH services". The purpose of this activity will be achieved by working on strengthening a number of MOHP systems that support FP and MNCH services including improved leadership and governance, strengthened logistics management of medical supplies and commodities, improved quality of services, strengthened use of information and improved health manpower. These priorities are also aligned with the GON's Nepal Health Sector Plan (NHSP) II, 2010 – 2015 and contribute to two of the three intermediate results of the GHI strategy for Nepal.

Policy requirement:

The H4L activity is in-line with USAID Forward principles through its focus on capacity building of host country systems as well as aspects of implementation and procurement reform such as funding local entities directly and providing direct support to the GON budget (called "Redbook" funding). H4L plan includes increasing in funding levels in the direct funding to the host government (Through Redbook mechanism) and channeling more funds to local entities for contract to local agencies for survey and logistic contracts. Hence to achieve its purpose, H4L will adopt following four implementation mechanisms:

1. Core program H4L contract - to be managed by the H4L awardee, an implementing partner, working closely with Department of Health Services (DOHS), MOHP;
2. Redbook support activity to be managed by DOHS, MOHP with technical assistance from H4L awardee;
3. Survey contract to Local agency; and
4. Logistic contract to local agency.

The proposed activities under the core program, Redbook support, and logistic supply will take place from the central to community levels. Specifically the Redbook activities will be implemented by Family Health Division (FHD), Child Health Division (CHD), National Health Training Center (NHTC), National Health Education, Information and Communication Center (NHEICC), and Logistics Management Division (LMD) with the technical support from H4L implementing partners.

No significant environmental impacts are anticipated regarding all the activities planned under H4L except activity 6.6 (the activity related with standard of care for obstetrical services at health facilities, voluntary surgical contraception (VSC) and management of pre-eclampsia and eclampsia). H4L is designed to provide technical assistance and support to GON to build their capacity that in turn manage and provide quality of health services.

The health care activities such as support to voluntary surgical contraception (VSC) under the Redbook support activity and care for obstetrical services at health posts (HPs)and sub-health posts (SHPs), pursuant to 22 CFR 216.3 **(a) (2) (iii)** are generally recommended under **Negative Determination with Condition**. The VSC activity will be implemented by FHD. VSC is a surgical procedure that requires use of an aseptic technique and infection prevention procedure to avoid transmission of infection to clients and communities. Being a nature of surgical procedure, medical waste is produced. Hence, medical waste management must be considered for both seasonal and mobile VSC services and treatment for complications as required. USAID requires the implementing partner and DOHS to follow the GON's National Medical Standard for Reproductive Health – volume I to manage the medical waste and mitigate the negative environmental impact. In terms of obstetrical/delivery services at the HPs and SHPs level will also require use of an aseptic technique and infection prevention procedure to avoid transmission of infection to clients and communities. Therefore the management of waste disposal such as placenta, waste materials etc. is required to mitigate the cross infection. Hence, the health facilities are required to follow the standard of medical waste as per MOHP protocol.

USAID will monitor the waste management and with support from its H4L implementing partner. USAID will be substantially involved in the planning, implementation and performance monitoring of these activities.

Logical framework and propcsed activities:

H4L is organized into seven major outputs each supporting the purpose of this activity. (See Logical Framework in **Annex A.)**

Components	Activities
Output 1: Strengthened logistics system to ensure availability of key drugs, supplies and commodities at health facility and community levels.	1.1. In collaboration with the Department of Health Services (DOHS) and Logistic Management Division (LMD) refine and finalize benchmarks for strengthening GON capacity for logistics management including training, supervision, and hiring of additional staff. 1.2. In collaboration with LMD, External Development Partners (EDPs) and USAID's Saath-Saath activity, develop and operationalize the plans for integrating HIV commodities with other health and Expanded Program on Immunization (EPI) commodities. 1.3. Support policy development related to further decentralization of the web-based Logistic Management Information System (LMIS) and the pull distribution system (demand-based logistics distribution) to the facility level. 1.4. Assist the MOHP to monitor and respond to specific stock-out or other logistics management challenges.
Output 2: Health system governance of the District Health Offices (DHOs) and sub-district level health facilities improved.	2.1. Work with the Local Health Governance Task Force at the national level to expand the Local Health Governance Strengthening Program (LHGSP) to 14 districts, including defining specific benchmarks determining progress in each pilot site for achieving the specific objectives of the national program. 2.2. Systematically analyze and feedback field experience within specific districts (Surkhet and Dang) to help capture lessons learned from the pilots for the purpose of supporting the MOHP to refine and modify its implementation policy. 2.3. Institutionalize best practices with Health Facility Operation Management Committees (HFOMCs) and/or other civil society organizations that respond to needs identified by communities especially to increase access for hard-to-reach populations. 2.4. Support the District Health offices (DHOs) and District Development Committees (DDCs) to plan for expansion of the HFOMCs throughout ten

	focus districts. 2.5. Help the MOHP highlight and publicize the accomplishments and contributions of the HFOMCs.
Output 3: National evidence-based health policy developed and implemented.	3.1. Work with the Management Division in the DOHS to establish a structure for the annual regional program review meetings that encourages the better use of data and analyses at the district and regional levels to report on their progress. 3.2. Strengthen existing Health Management Information System (HMIS) to improve quality and timeliness of reporting and feedback through appropriate use of technology (e.g. use of GIS, tablet PCs, SMS based reporting and feedback will be funded by the project in the 14 pilot districts). This will be done in parallel with the Integrated Nutrition Program (INP) to ensure as broad a geographic coverage as possible and to ensure that lessons learned are institutionalized. 3.3. Use public health analytic tools to build data-use capacity among DHO managers in 14 districts to identify low performing village development committees (VDCs) and health facilities, and identify specific work plan to improve performance. 3.4. Establish networks and collaboration between GON, EDPs, academia, research institutes and other USAID health programs to identify research priorities for FP/MNCH/Nutrition sector in Nepal and to utilize existing data/information to plan, monitor and evaluate health programs. 3.5. Strengthen capacity of Nepal Health Research Council to develop regularly updated national research priorities and technical expertise of Nepali institutions. 3.6. Support to monitor progress of Nepal Health Sector Programme-Implementation Plan II, establish new targets for the follow-on plan, and support policy development based on field experience. 3.7. Conduct the 2016 Nepal Demographic Health Survey and the 2012 and 2016 Service Provision Assessment (SPA) national surveys for Nepal.
Output 4: National level stewardship of the health sector strengthened.	4.1. Work with senior staff of the MOHP and DOHS in collaboration with other EDPs to help conceptualize a practical policy framework within the MOPH for partnering with the private sector including contractual services, quality assurance, monitoring of service provision and reporting arrangements. 4.2. Work with senior leaders within the DOHS in to develop a set of benchmarks and a timetable for shifting an increasing proportion of USAID/Nepal annual resources under H4L to direct funding of programs in the MoHP annual budget (Redbook). 4.3. From Redbook resources, provide for technical assistance in financial management to the MoHP to improve the utilization and reporting of USAID/Nepal transfers. 4.4. Work closely with the Nepal Health Sector Support Program (NHSSP) and pooled donors to ensure that H4L efforts to improve financial management of Redbook resources are consistent with the financial management and accounting reforms being introduced throughout the system.
Output 5: Improved national system for quality improvement institutionalized.	5.1. Work with the Management Division on a step-by-step program to develop an enhanced national quality improvement program including the benchmarks needed to move from one stage to the next by Year Two of the project. Build on existing tools and experience. 5.2. Support and strengthen MOHP's capacity at the national level to update, institutionalize and support a quality improvement system including monitoring of technical and management functions. 5.3. Support piloting of a simple facility based quality improvement (QI) system

	(in collaboration with GIZ) in three districts to improve awareness about basic standards and the need for continuous monitoring and improvement. 5.4. Incorporate best practices into current MOHP supervision system for facility and community staff.
Output 6: Capacity of district and local health workers and community volunteers to deliver quality FP/MNCH and nutrition services improved.	6.1. Conduct a mapping exercise with the nursing focal person in the MOHP to identify all key stakeholders including Centre for Technical Education and Vocational Training (CTEVT), the Nepal Nursing Council, United Nations Population Fund (UNFPA), NHSSP, UNICEF, World Bank and others, and agree on a method for improving the pre-service curriculum for Auxiliary Nurse Midwives (ANM) training and upgrading instructional skills. 6.2. Work with Ministry of Education, MOHP, University and CTEVT to update the pre-service curriculum, improve teaching learning practices and establish standards and a more rigorous process for certification with benchmarks for moving forward. 6.3. Work with DHOs in 14 core program districts on enhancing the skills of FCHVs in appropriate community based birth preparedness, newborn care and postpartum family planning counseling and services including implementation of community based newborn care package in 8 districts. 6.4. Work with the DOHS to support the collection and dissemination of field-based evidence of best practice as a means to improve the quality and efficacy of MNCH and FP services. Continue to support the expansion of the misoprostol program for home births in 10 districts and the use of calcium supplementation to prevent pre-eclampsia and eclampsia if appropriate and feasible. 6.5. As part of revitalizing Community Based- Integrated Management of Childhood Illness (CB-IMCI), strengthen selected essential nutrition actions (ENAs) in the FCHVs' program of work within communities, including exclusive breastfeeding for six months; adequate complementary feeding from about 6–24 months with continued breastfeeding for at least two years; appropriate nutritional care of sick and referral of severely malnourished children; adequate intake of vitamin A for women and children; and adequate intake of iron for women and children in 14 core program districts. 6.6. Work with 10 DHOs on a system to apply the standards of care for obstetrical services at health posts and sub-health posts and strengthen the system of clinical supervision for ANMs and others providing delivery care and long-term FP methods at those facilities. Include strengthening the use of Active Management of Third Stage Labor (AMSTL), partographs, magnesium sulphate (MgSO4) for the management of pre-eclampsia and eclampsia, appropriate referrals, IUCD and implant insertions.
Output 7: Knowledge, behavior and use of health services improved among target populations.	7.1. Work with 5 DHOs to commission a formative research and barrier analysis to identify context-specific issues for non-utilization of family planning services. 7.2. Assist 14 DHO managers to use of personal, folk and mass media to promote messages regarding healthy timing and spacing of pregnancy (HTSP), Long Acting and Permanent Methods (LAPMs,) essential newborn care (ENC), care of sick child, ENAs and adolescent reproductive health. 7.3. Work with youth and community members to delay early marriage and improve access for adolescents of FP services in about 10 districts. 7.4. Use local media to raise awareness about the efforts of HFOMCs and encourage people to become more involved and link them to national media as appropriate.

	7.5. Integrate FP MNCH messages into existing program and improving counseling skills among health workers

II. EVALUATION OF ENVIRONMRNTAL IMPACT POTENTIAL:

All proposed activities involve nutrition, health care, population and family planning services, which involve education, technical assistance, training, analyses, studies, workshops and meetings, research, etc. There are no any constructions of facilities, water supply systems, anc waste water treatment involved. Hence no adverse environmental impact is anticipated.

Part of the output 6, activity 6.6, Voluntary Surgical Camps (VSC) and obstetrical/delivery services may have some adverse environmental impact as explained below:

Germs are infectious organisms which are of concern in the VSC and delivery service sites. The germs may include bacteria, viruses including HIV, fungi and parasites. In the service sites, these germs may be found in blood and bodily fluids. The organisms can be passed through mucous membranes or broken skin and by needle-sticks with used needles and other punctured wounds. Infectious organisms may pass from services sites to communities when waste disposal is not proper or staff members do not wash their hands properly before leaving the service sites.

Transmission of infection to clients and service providers/helpers: VSC is a surgical procedure so an aseptic technique and infection prevention procedure should be observed. During the course of VSC services medical instruments, drugs, syringes, cotton, gauze, gloves and linens are used. During the delivery services in a similar manner instruments, drugs, syringes, cotton, gauze, gloves and linens are used. These personnel have to handle contaminated instruments and waste. Hence, the reusable instruments will be sterilized or decontaminated/disinfected using disinfectants. A rigorous infection prevention procedure is very important to protect clients and to avoid acquiring infection at service sites.

Waste from VSC and delivery services: the waste produced from VSC and delivery services need to be properly disposed to avoid transmission of infection to others or communities.

The mitigation and control of infection is required to minimize or avoid transmission of infection to individuals or community people. To control the cross-infection, MOHP has a set of GON endorsed *National Medical Standard for Reproductive Health – Volume I for contraceptive services including waste dispcsal management standard*. If the standarcs are followed then there will be no cross-infection and the activities will not have an adverse effect on the human or environment. The national standards lay out the following procedure/ protocol for protective barriers:

- Hand washing
- Wearing gloves and surgical attire.
- Using antiseptic solutions – indication, selection of and storage and dispensing of antiseptics.
- Processing equipment, instruments and other linen – includes the steps in the processing instruments like decontamination, cleaning, high-level disinfection or sterilization and storage.
- Managing clinical waste – disposal of waste.

The waste disposal includes: sorting, transporting and disposal of waste. The preferred disposal method is burning because the high temperature destroys microorganisms and reduces the amount of waste. Burning in an incinerator or drum is recommended. If medical waste cannot be burned then the next best option is onsite burial.

III. RECOMMENDED DETERMINATIONS AND MITIGATION ACTIONS (INCLUDING MONITORING AND EVALUATION)

Recommended IEE Determinations:

Pursuant to 22CFR 216.3 (a) (2) (iii) the threshold decision of **Negative Determination with Conditions (NDC)** is recommended for H4L's activity #. 6.6. proposed under output 6.

Pursuant to 22 CFR 216.2(c) (2) (i), (ii), (viii) a **Categorical Exclusion (CE)** is recommended for H4L – outputs 1, 2, 3, 4, 5, 6 - activities # 6.1, 6.2, 6.3, 6.4, 6.5, and 7.

Components	Activities	Recommended Determination
Output 1: Strengthened logistics system to ensure availability of key drugs, supplies and commodities at health facility and community levels.	1.1. In collaboration with the Department of Health Services (DOHS) and Logistic Management Division (LMD) refine and finalize benchmarks for strengthening GON capacity for logistics management including training, supervision, and hiring of additional staff. 1.2. In collaboration with LMD, External Development Partners (EDPs) and USAID's Saath-Saath activity, develop and operationalize the plans for integrating HIV commodities with other health and Expanded Program on Immunization (EPI) commodities. 1.3. Support policy development related to further decentralization of the web-based Logistic Management Information System (LMIS) and the pull distribution system (demand-based logistics distribution) to the facility level. 1.4. Assist the MOHP to monitor and respond to specific stock-out or other logistics management challenges.	CE
Output 2: : Health system governance of the District Health Offices (DHOs) and sub-district level health facilities improved.	2.1. Work with the Local Health Governance Task Force at the national level to expand the Local Health Governance Strenthening Program (LHGSP) to 14 districts, including defining specific benchmarks determining progress in each pilot site for achieving the specific objectives of the national program. 2.2. Systematically analyze and feedback field experience within specific districts (Surkhet and Dang) to help capture lessons learned from the pilots for the purpose of supporting the MOHP to refine and modify its implementation policy. 2.3. Institutionalize best practices with Health Facility Operation Management Committees (HFOMCs) and/or other civil society organizations that respond to needs identified by communities especially to increase access for hard-to-reach populations. 2.4. Support the District Health offices (DHOs) and District Development Committees (DDCs) to plan for expansion of the HFOMCs throughout ten focus districts. 2.5. Help the MOHP highlight and publicize the accomplishments and contributions of the HFOMCs.	CE
Output 3: National evidence-based health policy developed and	3.1. Work with the Management Division in the DOHS to establish a structure for the annual regional program review meetings that encourages the better use of	

implemented.	data and analyses at the district and regional levels to report on their progress. 3.2. Strengthen existing Health Management Information System (HMIS) to improve quality and timeliness of reporting and feedback through appropriate use of technology (e.g. use of GIS, tablet PCs, SMS based reporting and feedback will be funded by the project in the 14 pilot districts). This will be done in parallel with the Integrated Nutrition Program (INP) to ensure as broad a geographic coverage as possible and to ensure that lessons learned are institutionalized. 3.3. Use public health analytic tools to build data-use capacity among DHO managers in 14 districts to identify low performing village development committees (VDCs) and health facilities, and identify specific work plan to improve performance. 3.4. Establish networks and collaboration between GON, EDPs, academia, research institutes and other USAID health programs to identify research priorities for FP/MNCH/Nutrition sector in Nepal and to utilize existing data/information to plan, monitor and evaluate health programs. 3.5. Strengthen capacity of Nepal Health Research Council to develop regularly updated national research priorities and technical expertise of Nepali institutions. 3.6. Support to monitor progress of Nepal Health Sector Programme-Implementation Plan II, establish new targets for the follow-on plan, and support policy development based on field experience. 3.7. Conduct the 2016 Nepal Demographic Health Suirvey and the 2012 and 2016 Service Provision Asssessment (SPA) national surveys for Nepal.	CE
Output 4: National level stewardship of the health sector strengthened.	4.1. Work with senior staff of the MOHP and DOHS in collaboration with other EDPs to help conceptualize a practical policy framework within the MOPH for partnering with the private sector including contractual services, quality assurance, monitoring of service provision and reporting arrangements. 4.2. Work with senior leaders within the DOHS in to develop a set of benchmarks and a timetable for shifting an increasing proportion of USAID/Nepal annual resources under H4L to direct funding of programs in the MoHP annual budget (Redbook). 4.3. From Redbook resources, provide for technical assistance in financial management to the MoHP to improve the utilization and reporting of USAID/Nepal transfers. 4.4. Work closely with the Nepal Health Sector Support Program (NHSSP) and pooled donors to ensure that H4L efforts to improve financial management of Redbook resources are consistent with the financial management and accounting reforms being introduced through out the system.	CE
Output 5: Improved national system for	5.1. Work with the Management Division on a step-by-step program to develop an enhanced national quality	

quality improvement institutionalized.	improvement program including the benchmarks needed to move from one stage to the next by Year Two of the project. Build on existing tools and experience. 5.2. Support and strengthen MOHP's capacity at the national level to update, institutionalize and support a quality improvement system including monitoring of technical and management functions. 5.3. Support piloting of a simple facility based quality improvement (QI) system (in collaboration with GIZ) in three districts to improve awareness about basic standards and the need for continuous monitoring and improvement. 5.4. Incorporate best practices into current MOHP supervision system for facility and community staff.	CE
Output 6: Capacity of district and local health workers and community volunteers to deliver quality FP/MNCH and nutrition services improved.	6.1. Conduct a mapping exercise with the nursing focal person in the MOHP to identify all key stakeholders including Centre for Technical Education and Vocational Training (CTEVT), the Nepal Nursing Council, United Nations Population Fund (UNFPA), NHSSP, UNICEF, World Bank and others, and agree on a method for improving the pre-service curriculum for Axulliary Nurse Midwives (ANM) training and upgrading instructional skills. 6.2. Work with Ministry of Education, MOHP, University and CTEVT to update the pre-service curriculum, improve teaching learning practices and establish standards and a more rigorous process for certification with benchmarks for moving forward. 6.3. Work with DHOs in 14 core program districts on enhancing the skills of FCHVs in appropriate community based birth preparedness, newborn care and postpartum family planning counseling and services including implementation of community based newborn care package in 8 districts. 6.4. Work with the DOHS to support the collection and dissemination of field-based evidence of best practice as a means to improve the quality and efficacy of MNCH and FP services. Continue to support the expansion of the misoprostol program for home births in 10 districts and the use of calcium supplementation to prevent pre-eclampsia and eclampsia if appropriate and feasible. 6.5. As part of revitalizing Community Based- Integrated Management of Childhood Illness (CB-IMCI), strengthen selected essential nutrition actions (ENAs) in the FCHVs' program of work within communities, including exclusive breastfeeding for six months; adequate complementary feeding from about 6–24 months with continued breastfeeding for at least two years; appropriate nutritional care of sick and referral of severely malnourished children; adequate intake of vitamin A for women and children; and adequate intake of iron for women and children in 14 core program districts.	CE CE

	6.6. Work with 10 DHOs on a system to apply the standards of care for obstetrical services at health posts and sub-health posts and strengthen the system of clinical supervision for ANMs and others providing delivery care and long-term FP methods at those facilities. Include strengthening the use of Active Management of Third Stage Labor (AMSTL), partographs, magniseum sulphate (MgSO4) for the management of pre-eclampsia and eclampsia, appropriate referrals, IUCD and implant insertions.	NDC
Output 7: : Knowledge, behavior and use of health services improved among target populations.	7.1. Work with 5 DHOs to commission a formative research and barrier analysis to identify context-specific issues for non-utilization of family planning services. 7.2. Assist 14 DHO managers to use of personal, folk and mass media to promote messages regarding healthy timing and spacing of pregnancy (HTSP), Long Acting and Permanent Methods (LAPMs,) essential newbon care (ENC), care of sick child, ENAs and adolescent reproductive health. 7.3. Work with youth and community members to delay early marriage and improve access for adolescents of FP services in about 10 districts. 7.4. Use local media to raise awareness about the efforts of HFOMCs and encourage people to become more involved and link them to national media as appropriate. 7.5. Integrate FP MNCH messages into existing program and improving counseling skills among health workers (~500) and volunteers (~2500), including skills to reach adolescents and pre-adolescents. 7.6. Improve in-service counseling training for FCHVs (~2500) and health workers (~500) aimed at prenatal, natal and post-natal home visits. 7.7. Strengthen peer education and counseling aspects of the CB-IMCI and CB-NCP using Learning Circle techniques with Mothers Groups in 5 districts.	CE

Mitigation:

The negative determination for output 6, activity # 6.6. is recommended with the condition that implementing partner follows the national medical standard and will continue to follow the standard to mitigate the adverse effect on human individuals and communities.

Monitoring and Evaluation:

The Agreement Officer's Technical Representative/Contracting Officer's Technical Representative (AOTR/COTR) and Activity Manager for Redbook support - Family Planning program will have the overall responsibilty to ensure that the activities, particularly the VSC and delivery services, will be carried out as per the National Medical Standard for Reprodcutive Health Volume I. The mechanism for ensuring the compliance will be built in the H4L program and also will be monitored by regionally-based USAID staff. In addition to the AOTR/COTR and Activity Manager, the FP Compliance Assistant will visit VSC and delivery sites to monitor both the compliance with the National Medical Standard and FP compliance.

IV. CONDITIONS:

- The implementing partner will adhere to the National Medical Standard for Reprodcutive Helath Volume I and follow the requirements of USAID.
- implementer will ensure compliance with GON EHS and other applicable laws, regulations and standards, and in their absence with those of WHO acceptable to USAID
- Implementer will use the best practice available from: Environmental Guidelines for Small-Scale Activities at: http://www.encapafrica.org/egssaa.htm and IFC Environmental, Health and Safety Guidelines at: http://www.ifc.org/ifcext/sustainability.nsf/Content/EHSGuidelines
- When warranted, Implementer will prepare a site/activity-specific environmental data form and an environmental mitigation and monitoring plan, both to be reviewed and approved by the COTR/AOTR and MEO
- Implementer will have sufficient technical and financial resources to implement EMMP(s)
- Implementer will regularly report back to USAID on implementation of EMMP and provide photographic evidence of site-specific activities prior to, during and after implementation

V. LIMITATIONS:

The IEE does not cover procurement of equipment, peciside, and genetically modified seeds or foods. Further, the IEE does not cover any construction of facilities, water supply systems, waste water treatment, etc. If such activities are considered this IEE shall be amended, reviewed and approved by the Bureau Environmental Office/Asia. USAID treats quite a number of disinfectants as pesticides, and if these are procured a PERSUAP shall be prepared or amended, and approved by the BEO.

VI. REVISIONS

As with all AID-funded projects, and pursuant to 22 CFR 216.3 (a) (9), if new information becomes available which indicates that any of the proposed actions to be funded under this activity might be "major" and their effects "significant", the threshold decision for those actions will be reviewed and revised by the Mission Environmental Officer and an environmental assessment prepared as appropriate.

Clearances:

Shanda L. Steimer, Director,
Office of Health and Family Planning _____ Date: 1-6-12

Shanker K. Khagi,
Mission Environmental Officer _____ Date: 1/7/12

Thomas Kress, Director,
Project and Program Development Office _____ Date: 1/27/12

Andrei Barannik, through e-mail Date: Nov 28, 2011
Regional Environmental Advisor for Asia

Sheila Lutjens, Deputy Mission Director, _____ Date: 2/13/2012